

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: <b>HAL-013-045</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 10/13/22
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NAME OF PROVIDER <b>Concord Place</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1501 Zion Church Road, Concord, NC, 28025</b>
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D 000	Initial Comments	D 000		
D 0235	<p>The Adult Care Licensure Section conducted an annual survey on October 12, 2022 through October 13, 2022.</p> <p>10A NCAC 13F .0703(a) Tuberculosis Test</p> <p>10A NCAC 13F .0703(a) Tuberculosis Test</p> <p>(a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.</p> <p>Based on record reviews and interviews, the facility failed to ensure 2 of 5 sampled residents (#2, #3) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health.</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL-2 dated 07/12/22 revealed: -Diagnoses included depression, anemia, vitamin D deficiency and memory loss. -She was constantly disoriented.</p> <p>Review of Resident #2's Resident Register signed by her Power of attorney on 07/12/17 revealed:</p>	D 0235		

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D 0235	<p>Continued From Page 1</p> <p>-There was documentation she was admitted from a private residence.</p> <p>-There was no admission date documented.</p> <p>Review of Resident #2's addendum to FL-2 form that was not dated revealed:</p> <p>-There was documentation a tuberculosis skin test was completed on 07/10/17 with negative results. (It was not documented whether the date was for placement or reading of the skin test.)</p> <p>-There was no documentation of a second TB skin test placement of reading in the designated area on the form.</p> <p>Interview with the are Care Services Manager (CSM) on 10/13/22 at 4:43pm revealed:</p> <p>-Resident #2 had been at the facility when it was owned by another corporation.</p> <p>-She was certain Resident #2 has a 2 step TB skin test upon admission, but it was not available on her record.</p> <p>-It was her responsibility to ensure 2 step TB skin tests were completed on admission, however Resident #2 was admitted so long ago, it could have been filed in an old record.</p> <p>Refer to interview with the CSM on 10/13/22 at 10:00am and 5:15pm.</p> <p>Refer to interview with the Executive Director (ED) on 10/13/22 at 5:36pm.</p>	D 0235		
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D 0235	Continued From Page 2  2. Review of Resident #3's current FL2 dated 9/27/22 revealed diagnoses included diabetes, hypertension, and hyperlipidemia.  Review of Resident #3's Resident Register revealed the resident was admitted on 03/08/21 from home.  Review of Resident #3's record on 10/13/22 revealed:  -Resident #3 had an initial TB skin test on 03/08/21 that was read as negative on 03/10/21.  -Resident #3 record revealed that no documentation of second TB skin test was completed.  Interview with Care Services Manager (CSM) on 10/13/22 at 7:35am revealed: -Some records had not been filed into resident's records and were available on the computer. -She could not locate Resident #3's 2 <sup>nd</sup> step TB skin test and said that she did not have it.  Refer to interview with the CSM on 10/13/22 at 10:00am and 5:15pm.  Refer to interview with the Executive Director (ED) on 10/13/22 at 5:36pm.	D 0235		
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D 0235	Continued From Page 3  Interview with the Care Services Manager (CSM) on 10/13/22 at 10:00am and 5:15pm revealed: -It was her responsibility to ensure residents had TB tests with results in their records upon admission and had overlooked that the residents' TB results were missing and not done. -She performed chart audits every 6 months and had overlooked that the TB tests for the residents were not available.  Interview with the Executive Director (ED) on 10/13/22 at 5:36pm revealed: -He was not aware that Residents #2 and #3 did not have TB skin tests resulted in their records as required. -It was his and the CSM's responsibility to ensure residents had their TB skin tests performed and resulted per guidelines upon admission. -He expected chart audits to be performed every month and for errors such as missing results for TB skin tests to be corrected by being resulted in a timely manner or repeated to ensure compliance for resident health safety.	D 0235		
D 0255	10A NCAC 13 F .0801(b) Resident Assessment  10A NCAC 13F .0801(b) Resident Assessment  (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as	D 0255		

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D 0255	Continued From Page 4  required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.  Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#5) had a care plan completed within 30 days of admission.  The findings are:  Review of Resident #5's current FL2 dated 08/10/22 revealed: -Diagnoses included dementia, urinary tract infection (UTI), anemia, congestive heart failure (CHF), chronic kidney disease (CKD), aphasia, and hypothyroidism. -The resident was semi-ambulatory using a walker and/or wheelchair. -The resident was constantly disoriented and incontinent of the bladder. -The resident was admitted to the special care unit on 07/29/22.	D 0255		
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D 0255	Continued From Page 5  Review of Resident #5's Resident Register dated 04/08/22 revealed: -The resident was admitted to the Assisted Living (AL) side of the facility on 04/08/22. -The resident was forgetful and required reminders.  Review of Resident #5's Licensed Health Professional Support (LHPS) assessment dated 8/17/22 revealed: -The resident required assistance transferring as a semi-ambulatory resident. -The resident required assistance with ambulation using assistive devices that required physical assistance. -Assistance was required for bathing, dressing, and all other activities of daily living (ADLs). -The resident always required an escort when in her wheelchair.  Review of Resident #5's facility record revealed there was no care plan available.  Interview with the Care Services Manager (CSM) on 10/13/22 at 5:15pm revealed: -It was her responsibility to ensure a care plan was completed on every resident within 30 days of admission and annually thereafter unless there was a significant change. -She was not aware that Resident #5 did not have a care plan in place. -She was out on extended leave from March 2022 through mid-May 2022 when Resident #5 was initially admitted to the AL side of the facility. -She assumed that the person who covered her position when she was out had completed a care plan for Resident #5.	D 0255		
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D 0255	Continued From Page 6  -The person who covered for her when she was out earlier that year no longer worked for the facility and she was unsure why the care plan was never completed for Resident #5. -It was her responsibility to perform chart audits and she usually did them every six months and she was unsure when they were last completed. -She was not sure why she had not realized Resident #5 did not have a care plan and it must have been overlooked.  Interview with the Executive Director (ED) on 10/13/22 at 5:36pm revealed: -It was the CSM's responsibility to ensure all residents had a care plan in place per guidelines. -He was not aware that Resident #5 had not had a care plan completed or in place since her admission on 04/08/22. -Residents were expected to have a care plan in place within 30-days of admission and annually thereafter unless there was a significant change, in which a new care plan would be completed sooner, to ensure all staff could reference the care plan to know the needs of the resident and care for him/her appropriately and safely. -He expected chart audits to be completed once monthly and was not aware that they were being done every six months by the CSM. -He expected chart audits to be completed by the CSM so that missing documentation and resident needs could be identified and corrected as soon as possible to ensure accuracy and guide resident care per individualized needs.	D 0255		
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D 0271	Continued From Page 7  10A NCAC 13F .0901(b) Personal Care and Supervision  10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.  This rule is not met as evidenced by: TYPE A1 VIOLATION  Based on observations, interviews, and record reviews, the facility failed to provide supervision for 2 of 5 sampled residents (#1, #2) related to a resident having multiple falls, one of which resulted in a closed head injury (#2) and a second resident with multiple unwitnessed falls (#1).  The findings are:  Review of the facility's Emergency Resident Fall Response Policy dated 03/01/22 revealed: -Staff should document remedial measures taken to ensure continued resident safety (i.e. frequent checks, Short Term Health Monitor, Physical Therapy assessment, etc.) -Staff should document measures or interventions to prevent further falls to be added to Short Term Health Monitor and/or Negotiated Service Agreement.	D 0271		
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D 0271	Continued From Page 8  Review of the facility's Head Injury Monitoring Plan revealed: -Instructions included monitoring for signs of serious injury no less than one every shift for 72 hours following any injury when a resident hit his or her head. -Residents should be monitored for loss of or change in consciousness, unusual drowsiness, difficulty waking, headache or head pain that did not improve within 4 hours of a head injury, stiff neck, blurred/double vision, slow or slurred speech, difficulty speaking, dizziness, poor coordination, staggering, weakness, tingling, numbness, falling, abnormal behavior, irritability, confusion, restlessness, depression, memory loss, personality change, decreased breathing rate, low blood pressure bleeding or fluid drainage from the ears, nose or head, nausea or vomiting, swelling, bruising or depression at the site of injury, seizure and unequal pupal size.  1. Review of Resident #2's current FL-2 dated 07/12/22 revealed: -Diagnoses included depression, anemia, vitamin D deficiency and memory loss. -She was continent of bowel and bladder. -She was ambulatory without an assistive device. -She had a history of wandering behaviors and was constantly disoriented. -There was no documentation of current or recommended level of care.  Review of Resident #2's Resident Register revealed: -There was no documentation of date of admission. -She was forgetful and needed reminders.	D 0271		
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D 0271	Continued From Page 9  Review of Resident #2's current care plan dated 07/22/22 revealed: -She was independent with eating and transfers. -She required supervision from staff for ambulation. -She required limited assistance from staff for toileting, dressing and grooming. -She required extensive assistance from staff for bathing. -She was forgetful and needed reminders from staff.  Observation of Resident #2 on 10/12/22 at 9:45am revealed: -There was extensive yellow and purple discoloration around her right eye that extended down over her cheek and up into her hairline. -There was a healing abrasion over the brow bone of her right eye. -She did not know how her face became bruised and did not remember falling.  a. Review of Resident #2's progress note dated 06/07/22 at 11:03am revealed she was observed on the floor in the common area with no apparent injuries.  Review of Resident #2's record revealed there was no incident and accident (I/A) report or other documentation of interventions following the fall on 06/07/22.	D 0271		
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D 0271	Continued From Page 10  b. Review of Resident #2's progress note dated 06/10/22 at 2:39am revealed: -Resident #2 was found lying on her back in the middle of her room. -Resident #2 initially denied hitting her head but began complaining of chest pain and then began vomiting. -Resident #2 began complaining of pain along the back of her neck and shoulders and emergency medical services (EMS) was called.  Review of Resident #2's discharge instructions from the local hospital emergency department (ED) dated 06/10/22 revealed she was seen for trauma from an unwitnessed fall with instructions to follow-up with her primary care provider (PCP).  Review of Resident #2's progress note dated 06/13/22 at 6:13am revealed she complained of pain in her right hip and was having difficulty walking.  Review of Resident #2's progress note dated 06/15/22 at 4:00pm revealed: -Resident #2 was having difficulty transferring and completing activities of daily living at baseline. -The PCP requested an x-ray of her right distal femur and gave an order for Resident #2 to be non-weight bearing until results were received. -The PCP also requested a cardiology appointment due to recent falls.	D 0271		
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D 0271	Continued From Page 11  Review of Resident #2's record revealed there was no incident and accident (I/A) report or other documentation of interventions following the fall on 06/10/22.  c. Review of Resident #2's progress note dated 06/28/22 at 11:18am revealed she was found sitting on her bathroom floor with no apparent injuries.  Review of Resident #2's record revealed there was no I/A report or other documentation of interventions following the fall on 06/28/22.  d. Review of Resident #2's I/A report dated 07/13/22 revealed: -Resident #2 had an unwitnessed fall in the hallway at 11:10am. -She required treatment and was sent to the ED for evaluation. -Head injury monitoring was documented in the Steps Taken to Prevent Recurrence section of the report.  Review of Resident #2's record revealed there was no progress note or other documentation of interventions following the fall on 07/13/22.  e. Review of Resident #2's progress note dated 07/16/22 at 11:51am revealed: -Resident #2 had an unwitnessed fall at 11:10am. -Resident #2 was discovered lying in the hallway with her head resting on the wall. -She complained of head pain and sent to the local hospital ED.	D 0271		
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D 0271	Continued From Page 12  Review of Resident #2's I/A report dated 07/16/22 revealed: -Resident #2 was observed lying on the floor of the hallway. -She complained of head pain and sent to the local hospital ED. -Head injury monitoring was documented in the Steps Taken to Prevent Recurrence section of the report.  Review of Resident #2's record revealed there was no other documentation of interventions following the fall on 07/16/22.  Review of Resident #2's discharge instructions from the local hospital ED dated 07/16/22 revealed she was evaluated and released due to a fall with instructions to follow-up with her PCP.  f. Review of Resident #2's physician fax order sheet dated 08/22/22 revealed: -Staff noticed healing area over both knees. -The left knee wound was the size of a fifty-cent piece. -The right knee wound was the size of a quarter. -The skin around both wounds were reddened. -Staff also observed bruising to her left hip. -Resident #2 was unable to explain what happened. -The PCP responded that Resident #2 was to be seen the following day for an unwitnessed fall.  Review of Resident #2's record revealed there was no progress note, I/A report or other documentation of interventions following the fall on 08/22/22.	D 0271		
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D 0271	Continued From Page 13  g. Review of Resident #2's progress note dated 08/30/22 at 11:04pm revealed: -Resident #2 was discovered lying on her apartment floor next to her bed. -She could not remember how she fell. -She denied pain.  Review of Resident #2's I/A report dated 08/30/22 revealed: -Resident #2 was found on the floor at her bedside at 11:00pm. -She denied hitting her head but could not remember how she fell. -There were no apparent injuries. -There was no documentation of interventions in the Steps Taken to Prevent Recurrence section of the report.  h. Review of Resident #2's progress note dated 09/03/22 at 9:25pm revealed: -Resident #2 was discovered on her knees holding onto the bed in her apartment. -She reported that she lost her balance trying to get into bed. -Resident #2 denied hitting her head. -She had a scrape on her knee that required cleaning and bandaging.  Review of Resident #2's I/A report dated 09/03/22 revealed: -Resident #2 was observed on her knees holding onto her bed. -She stated she lost her balance trying to get into bed.	D 0271		
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D 0271	Continued From Page 14 -She had a scrape on her knee. -She did not require treatment. -There were no interventions documented in the Steps Taken to Prevent Recurrence section of the report.  h. Review of Resident #2's progress note dated 09/09/22 at 9:52pm revealed: -Resident #2 was discovered on the floor of her apartment. -She could not remember how she fell and denied hitting her head.  Review of Resident #2's I/A report dated 09/09/22 revealed: -Resident #2 was found on the floor of her apartment. -She could not remember how she fell. -There was a small cut on her (unable to read area). -There were no interventions documented in the Steps Taken to Prevent Recurrence section of the report.  Review of Resident #2's Head Injury Monitoring Plan with injury date 09/09/22 revealed: -Resident #2 was monitored at 4:20am, 10:00am and 10:00pm on 09/10/22; there was no documentation Resident #2 was monitored on 2 <sup>nd</sup> shift. -Resident #2 was monitored at 11:00am and 9:30pm on 09/11/22; there was no documentation Resident #2 was monitored on 2 <sup>nd</sup> shift. -Resident #2 was monitored at 4:00pm on 09/12/22; there was no documentation Resident #2 was monitored on 1 <sup>st</sup> and 3 <sup>rd</sup> shift.	D 0271		
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D 0271	Continued From Page 15  Resident #2 was monitored at 4:00am, 10:00am and 6:30pm on 09/13/22; there was no documentation Resident #2 was monitored on 2 <sup>nd</sup> shift. -There were no abnormal findings documented.  j. Review of Resident #2's progress note dated 09/10/22 at 12:41am revealed: -Resident #2 was discovered in the floor of her apartment. -She could not recall how she fell but was able to say she hit her head. -She was sent to the local hospital ED for evaluation.  Review of Resident #2's I/A report dated 09/10/22 revealed: -Resident #2 was found on the floor of her apartment. -She was unable to recall how she fell but said she hit her head. -She required treatment and was sent to the local hospital ED for evaluation. -Head injury monitoring was documented as step taken to prevent recurrence.  Review of Resident #2's after visit summary from the local hospital ED dated 09/10/22 revealed she was seen for trauma and discharged the same day with a diagnosis of closed head injury.  Review of Resident #2's progress note dated 09/11/22 at 2:52am revealed she had a large bruise on her left hip from a previous fall.	D 0271		
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D 0271	Continued From Page 16  Review of Resident #2's record revealed there was no other documentation of interventions following the fall on 09/11/22.  Review of Resident #2's after visit summary with her PCP dated 09/13/22 revealed: -Resident #2 was seen for follow up after a fall. -Instructions were given to urge use of a wheelchair that was found because she had "too many falls over the past 3 months" and one would be ordered for her if she was consistent in using it. -There was an order to decrease a medication used to thin the blood because of the increase in falls.  k. Review of Resident #2's progress note dated 09/22/22 at 10:09am revealed she fell on 09/21/22 at 12:15am with no apparent injury.  Review of Resident #2's I/A report dated 09/21/22 revealed: -Resident #2 was found on the floor of her bedroom. -Resident #2 could not remember how she fell. -There were no apparent injuries. -There were no interventions documented in the Steps Taken to Prevent Recurrence section of the report.  Review of Resident #2's fax order sheet dated 09/21/22 revealed: -Resident fell but did not hit her head. -There were no injuries noted. -The PCP responded by asking if Resident #2 was using the wheelchair as requested and for fall precautions to be continued.	D 0271		
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D 0271	Continued From Page 17  I. Review of Resident #2's progress note dated 09/23/22 at 11:07pm revealed: -Resident #2 was ambulating in the hall and was observed losing her balance. -She hit her head on the railing and again on the wall after she landed on the floor. -She was sent to the local hospital ED for evaluation.  Review of Resident #2's I/A report dated 09/23/22 revealed: -Resident #2 was observed by staff to lose her balance while walking in the hallway. -She was observed striking her head on the railing and the wall. -She required treatment and was sent to the local hospital ED for evaluation. -Head injury monitoring and resident counseling were the interventions documented in the Steps Taken to Prevent Recurrence section of the report.  Review of Resident #2's after visit summary from the local hospital ED dated 09/24/22 revealed: -She was seen for trauma and discharged with a diagnosis of unwitnessed fall. -Computed tomography was ordered for her pelvis, head and cervical spine. -X-Rays of the chest and pelvis were ordered.  Review of Resident #2's Head Injury Monitoring Plan for injury 09/23/22 revealed: -Resident #2 was monitored at 11:00pm on 09/23/22. -Resident #2 was monitored at 6:30pm on 09/24/22.	D 0271		
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D 0271	Continued From Page 18 <ul style="list-style-type: none"> <li>-Resident #2 was monitored at 2:00pm on 09/25/22; there was no documentation Resident #2 was monitored on 1<sup>st</sup> or 3<sup>rd</sup> shift.</li> <li>-Resident #2 was monitored at 2:00am, 10:00am, and 6:35pm on 09/26/22; there was no documentation Resident #2 was monitored on 3<sup>rd</sup> shift.</li> <li>-Resident #2 was monitored at 6:00pm on 09/27/22; there was no documentation Resident #2 was monitored on 1<sup>st</sup> shift or 3<sup>rd</sup> shift.</li> <li>-Resident #2 was monitored at 5:15 (am or pm not specified) and 10:00am on 09/28/22.</li> <li>-There were no abnormal findings documented.</li> </ul> <p>m. Review of Resident #2's progress note dated 10/05/22 at 10:44pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was found on the floor of her apartment at the bedside.</li> <li>-The medication aide (MA) noticed a knot on the right side of Resident #2's forehead above the brow bone.</li> <li>-Resident #2 complained of pain over the injury.</li> <li>-Resident #2 was not able to recall how she fell.</li> <li>-She was sent to the local hospital ED for evaluation.</li> </ul> <p>Review of Resident #2's I/A report dated 10/05/22 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was observed lying on the floor at her bedside.</li> <li>-Staff observed swelling on the right side of her head about the brow bone.</li> <li>-Resident #2 complained of soreness on her head.</li> <li>-She was sent to the local hospital ED for evaluation.</li> <li>-Head injury monitoring was the intervention documented in the Steps Taken to Prevent Recurrence section of the report.</li> </ul>	D 0271		
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D 0271	<p>Continued From Page 19</p> <p>Review of Resident #2's after visit summary from the local hospital dated 10/05/22 revealed:          -Resident #2 was seen for trauma due to a fall.          -Computed Tomography was ordered for her abdomen and pelvis, chest, head and cervical spine.          -She was discharged with a diagnosis of hematoma of her forehead. (A hematoma is a pool of mostly clotted blood that forms in tissue as a result of a broken blood vessel that was damaged by an injury.)</p> <p>Review of Resident #2's Head Injury Monitoring Plan for injury 10/05/22 revealed:          -Resident #2 was monitored at 10:00am, and 9:00pm on 10/06/22; there was no documentation Resident #2 was monitored on 2<sup>nd</sup> shift.          -Resident #2 was monitored at 4:00pm, and 11:30pm on 10/07/22; there was no documentation Resident #2 was monitored on 1<sup>st</sup> shift.          -Resident #2 was monitored at 2:00pm and 6:00pm on 10/08/22; there was no documentation Resident #2 was monitored on 1<sup>st</sup> shift or 3<sup>rd</sup> shift.          -Resident #2 was monitored at 4:00pm, and 8:00pm on 10/09/22; there was no documentation Resident #2 was monitored on 1<sup>st</sup> shift.          -Resident #2 was monitored at 9:00am on 10/10/22; there was no documentation Resident #2 was monitored on 2<sup>nd</sup> shift or 3<sup>rd</sup> shift.          -There were no abnormal findings documented.</p> <p>Interview with Resident #2's power of attorney (POA) on 10/13/22 at 3:44pm revealed:          -Resident #2 had a series of falls that were sudden and correlated to her dementia progressing rapidly, so he was not concerned with supervision.</p>	D 0271		
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D 0271	Continued From Page 20  -Resident #2 began to wander more at night and thought that was when most falls occurred. -Resident #2 never remembered falling so she did not think she needed to use a walker or wheelchair. -The hospital was concerned after the last fall and conducted lots of tests. -They found an old, healing fracture of her pelvis through the testing.  Interview with Resident #2's primary care provider (PCP) on 10/13/22 at 2:53pm revealed: -Staff could check on Resident #2 more often but it would not prevent her from falling due to the progression of her dementia. -She would expect Resident #2 to be monitored every 30 minutes to one hour for fall precautions but she did not think that was realistic for the facility staff. -She expected the facility to have a process in place for monitoring residents with increased falls and staff should follow the corporation's requirements.  Interview with a medication aide (MA) on 10/13/22 at 7:38am revealed: -Resident #2 had numerous falls that were mostly unwitnessed in her apartment. -There were no interventions put into place other than physical therapy. -There was no increase in frequency of monitoring for Resident #2 but staff would look in on her if they walked by her room.	D 0271		
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D 0271	Continued From Page 21  Interview with the Care Services Manager (CSM) on 10/13/22 at 8:15am revealed: -Resident #2 had no Licensed Health Professional Support (LHPS) because she had no tasks since she refused to use a wheelchair or walker as recommended by therapy. -She was afraid a wheelchair would increase Resident #2's fall risk because she would forget to lock the wheels and would try to stand up.  Second interview with the CSM on 10/13/22 at 4:43pm revealed: -Resident #2 had a history of wandering behaviors and gets up during the night. -Resident #2 could not recall instructions due to her disorientation so Resident Counseling was not a realistic intervention for her to decrease falls. -She was concerned a fall mat could cause Resident #2 to trip and fall so this intervention had not been put into place.  Interview with the Executive Director (ED) on 10/13/22 at 5:26pm revealed: -Resident #2 should have more frequent monitoring due to her level of cognition and falls. -Monitoring of resident's should be every 30 minutes or specific to a resident's individual needs for residents with a history of falls. -Frequency of monitoring was adaptable to the needs of the residents and he did not know what Resident #2's care plan identified as her individualized need.	D 0271		
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D 0271	Continued From Page 22  Refer to interview with the Care Services Manager (CSM) on 10/13/22 at 8:15am.  Refer to interview with the Care Services Manager (CSM) on 10/13/22 at 5:00pm  Refer to interview with the Executive Director (ED) on 10/13/22 at 5:26pm.  2. Review of Resident #1's current FL-2 dated 12/16/21 revealed: -Diagnosis included unspecified fracture to upper end of left humerus, cognitive communication deficient, left artificial shoulder and osteoporosis. -The resident was intermittently disoriented. -The resident's level of care was Assisted Living Facility.  Review of Resident #1's current care plan dated 10/07/22 revealed: -The resident required extensive assistance with toileting, bathing, dressing and grooming. -The resident required limited assistance with ambulation and transferring. -The resident was forgetful and needed reminders.  Observation of Resident #1 on 10/13/22 at 11:17am revealed: -She was lying on her bed with her bedroom door closed. -A personal care aide (PCA) assisted the resident from her bed to her wheelchair. -Resident #1 self-propelled herself in the wheelchair with her feet and left arm out of her room.	D 0271		
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D 0271	Continued From Page 23  Review of Resident #1's current Licensed Health Professional Support (LHPS) dated 09/07/22 revealed: -The resident required assistance with transfers and required escorts at times. -The resident needed frequent reminders to call for assistance and to wait for staff prior to transferring ambulating.  a. Review of Resident #1's an incident and accident (I/A) report dated 05/04/22 at 5:35pm revealed: -Resident #1 had an unwitnessed fall and was found on the floor; the resident reported to staff that she missed her wheelchair. -The resident did not have any injuries.  Review of Resident #1's record revealed there was not a progress note related to the resident's fall on 05/04/22.  b. Review of Resident #1's I/A report dated 05/15/22 at 5:25am revealed: -Resident #1 had an unwitnessed fall and was found by staff on the floor next to her bed. -The resident reported to staff that she was trying to transfer to her wheelchair. -The resident did not have any injuries. -Resident counseling was provided; reminding the resident to call staff for assistance prior to transfers.  Review of Resident #1's record revealed there was not a progress note related to the resident's fall on 05/15/22.	D 0271		
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D 0271	Continued From Page 24  c. Review of Resident #1's progress note dated 05/18/22 at 11:58 am revealed the resident was observed on the floor at bedside with no apparent injuries and no complaints.  Review of Resident #1's record revealed there was not an I/A report related to the resident's fall on 05/18/22.  d. Review of Resident #1's I/A report dated 05/22/22 at 9:00am revealed: -Resident #1 had an unwitnessed fall and was found on the floor in her bedroom. -The resident reported to staff that she slid off her bed. -The resident did not have any injuries.  Review of Resident #1's record revealed there was not a communication log related to the resident's fall on 05/22/22.  e. Review of Resident #1's progress note dated 05/22/22 at 3:24pm revealed the resident was found of the bathroom floor with no injuries and no complaints.  Review of Resident #1's record revealed there was not an I/A report related to the resident's fall on 05/22/22.  f. Review of Resident #1's I/A report dated 05/25/22 at 10:25am revealed: -Resident #1 had an unwitnessed fall and was found sitting on the commode.	D 0271		
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D 0271	Continued From Page 25 -The resident's left arm was swollen next to the elbow. -The resident reported to staff that she attempted to use the grab bar by the commode, she slipped and hurt her left arm. -The resident was sent to the local Emergency Department (ED).  Review of Resident #1's progress note dated 05/25/22 at 1:09pm revealed: -The resident was observed sitting on the commode with her left arm swollen next to her elbow. -The resident stated that the grab bar slipped out of her hand and she hurt her left arm.  g. Review of Resident #1's I/A report dated 05/28/22 at 4:45am revealed: -Resident #1 had an unwitnessed fall and was found sitting on the floor in the bathroom; the resident reported she was trying to get to her wheelchair from the commode. -The resident complained of pain in her left arm. -Staff documented there were no apparent injuries.  Review of Resident #1's progress note dated 05/28/22 at 6:02am revealed: -The resident was transferring herself from the commode to her wheelchair and fell. -The resident complained of pain in her left shoulder and was given pain medication.	D 0271		
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D 0271	<p>Continued From Page 26</p> <p>h. Review of Resident #1's progress note dated 06/04/22 at 8:52pm revealed: -The resident did not want to wait on staff to come assist her transfer from the commode to her wheelchair. -The resident attempted to transfer independently, missed her wheelchair and was found sitting on the bathroom floor. -The resident did not have any injuries but did ask for pain medication.</p> <p>Review of Resident #1's record revealed there was not an I/A report related to the resident's fall on 06/04/22.</p> <p>i. Review of Resident #1's progress note dated 06/18/22 at 1:44am revealed: -The resident was found on her bathroom floor and her wheelchair was beside her bed. -The resident could not remember if she crawled or walked to the bathroom. -The resident did not have any injuries or complaints. -Staff reminded the resident several times to call for help before transferring. -Staff would continue to monitor.</p> <p>Review of Resident #1's record revealed there was not an I/A report related to the resident's fall on 06/18/22.</p> <p>j. Review of Resident #1's progress note dated 06/18/22 at 6:02pm revealed: -The resident was found on the floor in her bathroom.</p>	D 0271		
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D 0271	Continued From Page 27  -The resident reported that she reached for her shoe, lost her balance and fell. -Her wheelchair was not in the bathroom. -The resident did not have any injuries or complaints.  Review of Resident #1's record revealed there was not an I/A report related to the resident's fall on 06/18/22.  k. Review of Resident #1's I/A report dated 07/05/22 at 5:30am revealed: -Resident #1 had an unwitnessed fall and was found on the floor in the bathroom beside the toilet. -The resident did not have any injuries.  Review of Resident #1's record revealed there was not a progress note related to the resident's fall on 07/05/22.  l. Review of Resident #1's I/A report dated 07/11/22 at 8:22pm revealed: -Resident #1 had an unwitnessed fall and was found on the floor; the resident reported to staff that she missed her wheelchair. -The resident did not have any injuries.  Review of Resident #1's progress note dated 07/11/22 at 8:47pm revealed: -Resident #1 was screaming for help and staff found her on the floor on the other side of the bed.	D 0271		
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D 0271	Continued From Page 28  -The resident stated that she was attempting to reach her remote control for her television and rolled out of bed. -The resident did not have any injuries or complaints. -Staff would continue to monitor.  m. Review of Resident #1's progress note dated 07/13/22 at 6:17am revealed: -The resident was found sitting on the floor and did not have any injuries or complaints. -Staff would continue to monitor for any changes.  Review of Resident #1's record revealed there was not an I/A report related to the resident's fall on 07/13/22.  n. Review of Resident #1's I/A report dated 07/20/22 at 10:45pm revealed: -Resident #1 had an unwitnessed fall and was found on the bathroom floor. -The resident did not have any injuries.  Review of Resident #1's progress note dated 07/20/22 at 5:18pm revealed: -Resident #1 was found on the floor in her bathroom. -The resident reported that she attempted to transfer from the wheelchair to the commode and fell. -The resident did not have any injuries. -Staff would continue to monitor.	D 0271		
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D 0271	Continued From Page 29  o. Review of Resident #1's progress note dated 07/28/22 at 6:02pm revealed: -Resident #1 was observed sitting on the floor in front of her commode. -She reported that her legs gave out, she slid off the commode and landed on the floor. -The resident did not have any injuries.  Review of Resident #1's record revealed there was not an I/A report related to the resident's fall on 07/28/22.  p. Review of Resident #1's I/A report dated 08/01/22 at 12:30pm revealed: -Resident #1 had an unwitnessed fall and was found on the floor in her bathroom. -The resident reported she was transferring from the commode to her wheelchair and lost her balance and fell. -The resident did not have any injuries.  Review of Resident #1's progress note dated 08/01/22 at 2:31pm revealed: -The resident was found sitting on the floor in her bathroom. -The resident reported she was transferring from the commode to her wheelchair, lost her balance and fell. -The resident did not have any injuries.  q. Review of Resident #1's I/A report dated 08/03/22 at 9:50am revealed: -Resident #1 had an unwitnessed fall and was found sitting on her bathroom floor.	D 0271		
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D 0271	Continued From Page 30 -The resident did not have any injuries.  Review of Resident #1's progress note dated 08/03/22 at 9:50am revealed: -The resident was found sitting on the floor in her bathroom. -The resident did not have any injuries.  r. Review of Resident #1's I/A report dated 08/04/22 at 9:00am revealed: -Resident #1 had an unwitnessed fall and was found on the bathroom floor; the resident reported to staff that she attempted to transfer from the commode to her wheelchair, lost her balance and sat on the floor. -The resident did not have any injuries.  Review of Resident #1's progress note dated 08/04/22 at 12:02pm revealed: -Resident #1 was found sitting on the floor in her bathroom. -The resident reported that she was transferring from the commode to her wheelchair, lost her balance and fell. -The resident did not have any injuries.  s. Review of Resident #1's I/A report dated 08/13/22 at 5:20pm revealed: -Resident #1 had an unwitnessed fall and was found on the floor; the resident reported to staff that she slid out of her wheelchair reaching for her shoe. -The resident did not have any injuries.	D 0271		
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D 0271	Continued From Page 31  Review of Resident #1's record revealed there was not a progress note related to the resident's fall on 08/13/22.  t. Review of Resident #1's I/A report dated 08/15/22 at 9:40am revealed: -Resident #1 had an unwitnessed fall and was found on her bathroom floor. -The resident did not have any injuries.  Review of Resident #1's record revealed there was not a progress note related to the resident's fall on 08/15/22.  u. Review of Resident #1's second I/A report dated 08/15/22 at 2:22pm revealed: -Resident #1 had an unwitnessed fall and was found on the floor; the resident reported to staff that she missed her wheelchair. -The resident did not have any injuries.  Review of Resident #1's progress note dated 08/15/22 at 2:22pm revealed: -Resident #1 was found on the floor in her bathroom. -The resident reported that she attempted to transfer herself from the commode to the wheelchair, lost her balance and fell. -Resident #1 had a second fall and was found on the floor in the hallway. -The resident reported that she slid out of her wheelchair onto the floor. -The resident did not have any injuries from either fall.	D 0271		
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D 0271	Continued From Page 32  v. Review of Resident #1's I/A report dated 08/18/22 at 8:50am revealed: -Resident #1 had an unwitnessed fall and was found on the floor in her bathroom. -The resident did not have any injuries.  Review of Resident #1's record revealed there was not a progress note related to the resident's fall on 08/18/22.  w. Review of Resident #1's second I/A report dated 08/18/22 at 2:06pm revealed: -Resident #1 had an unwitnessed fall. -The resident was found on her bathroom floor lying between the commode and the wall. -The resident reported to staff that she was reaching for something on the floor and slid out of the wheelchair. -The resident did not have any injuries.  Review of Resident #1's progress note dated 08/18/22 at 2:06pm revealed: -The resident was found on the floor in her bathroom and was lying between the commode and the wall. -The resident reported that she reached for something on the floor and slid out of the wheelchair. -There were no injuries.  x. Review of Resident #1's I/A report dated 08/24/22 revealed: -Resident #1 had an unwitnessed fall and was found on her bathroom floor.	D 0271		
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D 0271	Continued From Page 33 -The resident reported to staff that she slid off the commode. -The resident did not have any injuries. -There was not a time documented on the incident and accident report.  Review of Resident #1's progress note dated 08/24/22 at 1:25pm revealed: -The resident was found on the floor in her bathroom lying in front of the commode. -The resident reported to staff that she slid off of the commode. -The resident did not have any injuries.  y. Review of Resident #1's I/A report dated 09/08/22 at 6:15pm revealed: -Resident #1 had an unwitnessed fall and was found on her bathroom floor; the resident reported to staff that she was transferring from her wheelchair to the commode and fell. -The resident had a small abrasion on her left wrist.  Review of Resident #1's progress note dated 09/08/22 at 9:15pm revealed: -Resident #1 was screaming for help and was observed on the bathroom floor in front of her commode. -The resident reported she tried to transfer from her wheelchair to the commode and fell. -The resident had a small abrasion on her left wrist. -Staff will monitor the resident.	D 0271		
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D 0271	Continued From Page 34  z. Review of Resident #1's I/A report dated 09/12/22 at 5:20am revealed: -Resident #1 had an unwitnessed fall and was found on the floor by her bed. -The resident hit her head, EMS was called, and resident refused to go to the Emergency Department. -Intervention implemented was Head Injury Monitoring.  Review of Resident #1's progress note dated 09/12/22 at 5:49am revealed: -The resident was discovered on the floor next to her bed at 5:30am. -The resident had a bump on her head from the fall and 911 was called. -The resident refused to go to the hospital.  Telephone interview with Resident #1's family member on 10/13/22 at 3:47pm revealed: -He was aware that Resident #1 had numerous falls. -He was concerned that she had falls and had spoken with resident's primary care provider (PCP) and the Care Services Manager (CSM) about moving the resident to a higher level of care. -He had observed the resident use her call bell to call for assistance several times and it took staff up to 15 minutes to come assist her. -He thought that staff were checking on Resident #1 more often than every 2 hours.	D 0271		
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D 0271	Continued From Page 35  Interview with a personal care aide (PCA) on 10/13/22 at 7:25am revealed: -Resident #1 needed assistance with all transfers to prevent falls. -Resident #1 was able to help staff but if she did not have assistance with transfer she was a high risk of falling. -Resident #1 was a high fall risk and should be checked on every 15 minutes because she was a high fall risk. -It was important for staff to ask the resident what she needed and provide assistance with all transfers. -She was not aware how the facility identified residents who were a high fall risk or on increased supervision. -Staff attended morning meetings, received updates on residents and she thought Resident #1 was on 15 or 30 minute checks to prevent falls.  Interview with a medication aide (MA) on 10/13/22 at 9:36am revealed: -She thought that staff checked on Resident #1 every 1 to 2 hours. -She was aware that Resident #1 liked her independence and did not always use the call bell to ask for assistance. -When a resident needed increased supervision for falls, she would contact the PCP and follow any orders received. -Staff were expected to check on the resident every 2 hours.	D 0271		
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D 0271	Continued From Page 36  -Resident #1 had most of her falls when she transferred independently. -When a resident fell and hit their head or had any other type of injury, staff were expected to monitor them for changes over the next 48 hours. -Staff were expected to check on the resident every 2 hours and notify the primary care provider (PCP) if there were any changes or concerns.  Interview with the Care Services Manager (CSM) on 10/13/22 at 5:00pm revealed staff continued to monitor Resident #1 every 2 hours.  Telephone interview with Resident #1's primary care provider (PCP) on 10/13/22 at 4:43pm revealed: -He was aware that Resident #1 had fallen numerous times. -Increased supervision checks would have prevented the resident from falling; he was aware that the resident was forgetful and did not remember to call to ask for assistance prior to transferring. -He expected the facility staff to ask him for additional fall precautions but they did not. -A chair or bed alarm could have prevented the resident from falling; he had never received a request from the facility to order one.  Interview with the Executive Director (ED) on 10/13/22 at 5:26pm revealed Resident #1 should have been placed on monitoring more frequently than every two hours to help prevent falls; the Care Services Manager (CSM) should have directed staff to increase monitoring to prevent additional falls.	D 0271		
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D 0271	Continued From Page 37  Refer to interview with the Care Services Manager (CSM) on 10/13/22 at 8:15am.  Refer to interview with the Care Services Manager (CSM) on 10/13/22 at 5:00pm  Refer to interview with the Executive Director (ED) on 10/13/22 at 5:26pm.  _____  Interview with the Care Services Manager (CSM) on 10/13/22 at 8:15am revealed: -There was no process to address repeated falls. -Physical therapy was the only intervention put into place when a resident fell. -She thought a chair or bed alarm would be a restraint. A second Interview with the Care Services Manager (CSM) on 10/13/22 at 5:00pm revealed: -She reviewed falls that residents had to see if there was any trending. -Interventions included referring to physical therapy (PT), lowering the bed at night, offering assistance when staff made rounds every 2 hours and resident counseling which included education to remind the resident to ask for assistance before transferring independently. -The Incident and Accident reports were completed by medication aides (MAs). -The MAs were responsible for submitting the Incident and Accident Report to the CSM.	D 0271		
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D 0271	Continued From Page 38 <ul style="list-style-type: none"> <li>-The MAs would also call her or send her a text message when they completed an Incident and Accident report.</li> <li>-She reviewed the incident and accident reports and gave to them to the Executive Director (ED).</li> <li>-There was not an actual tool in place to help document trends with falls or interventions to help decrease falls.</li> <li>-The ED kept incident and accident reports and sent them to the Adult Home Specialist (AHS).</li> <li>-It was her and the Executive Director's (ED) responsibility to put individualized interventions in place to decrease falls.</li> <li>-She expected residents with increased risk for falls to be monitored ever 30 minutes to 1 hour, but the expectation was not written anywhere, only relayed verbally from staff to staff.</li> </ul> Interview with the Executive Director (ED) on 10/13/22 at 5:26pm revealed: <ul style="list-style-type: none"> <li>-When a resident had several falls they should be placed on increased monitoring to include more frequent checks instead of checking on the resident every two hours.</li> <li>-He was concerned that Resident #1 could have been hurt and the staff should ensure each residents safety.</li> <li>-If a resident had repeated falls staff should have asked the residents PCP for increased supervision to prevent new falls.</li> <li>-Monitoring of resident's should be every 30 minutes or specific to a resident's individual needs for residents with a history of falls.</li> </ul>	D 0271		
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D 0271	Continued From Page 39  -Frequency of monitoring was adaptable to the needs of the residents and he did not know what Resident #2's care plan identified as her individualized need.  The facility failed to provide supervision to a resident who was ambulatory with a diagnosis of dementia and history of wandering behaviors who sustained multiple falls resulting in 5 emergency room visits, which included a closed head injury, a hematoma and bruising to the resident's face and eye (#2) and a resident who was ambulatory with a wheelchair who required assistance with transfers; having 26 falls (#1). This failure resulted in serious physical harm and neglect and constitutes a Type A1 Violation.  The facility provided a plan of protection in accordance with G.S. 131D-34 on October 12, 2022 for this violation.  CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED November 12, 2022.	D 0271		
D 0452	10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aide.	D 0452		

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D 0452	Continued From Page 40  Based on interviews and record reviews, the facility failed to notify the county Department of Social Services (DSS) of incidents resulting in the need for emergency medical evaluation and treatment from falls for 3 of 5 sampled residents (#1, #4, #5).  The findings are:  1. Review of Resident #1's current FL-2 dated 12/16/21 revealed: -Diagnosis of unspecified fracture to upper end of left humerus, cognitive communication deficient, left artificial shoulder and osteoporosis. -The resident was intermittently disoriented.  Review of Resident #1's current care plan dated 10/07/22 revealed: -The resident required extensive assistance with toileting, bathing, dressing and grooming. -The resident required limited assistance with ambulation and transferring. -The resident was forgetful and needed reminders.  Review of Resident #1's incident/accident (I/A) report dated 09/12/22 at 5:20am revealed: -Resident #1 had an unwitnessed fall and was found on the floor by her bed. -The resident hit her head, emergency medical services (EMS) was called, the resident refused to go to the Emergency Department and the resident was placed on Head Injury Monitoring. -There was no documentation the local Department of Social Services (DSS) was notified.	D 0452		
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D 0452	<p>Continued From Page 41</p> <p>Review of Resident #1's communication log dated 09/12/22 at 5:49am revealed:</p> <ul style="list-style-type: none"> <li>-The resident was discovered on the floor next to her bed at 5:30am.</li> <li>-The resident had a bump on her head from the fall and 911 was called.</li> <li>-The resident refused to go to the hospital.</li> <li>-There was no documentation the local DSS was notified.</li> </ul> <p>Review of Resident #1's record revealed there was no documentation that the local DSS had been notified of the resident's fall on 09/12/22 in which she sustained an unwitnessed fall that resulted in a bump on her head and she refused to go to the local emergency department.</p> <p>Interview with the Adult Home Specialist (AHS) on 10/13/22 at 12:05pm revealed she had not been notified of a fall requiring medical attention greater than first aid and the resident refusing to go to the local emergency department on 09/12/22.</p> <p>Refer to interview with the Care Services Manager (CSM) on 10/13/22 at 5:15pm.</p> <p>Refer to interview with the Executive Director (ED) on 10/13/22 at 5:36pm.</p>	D 0452		
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D 0452	<p>Continued From Page 42</p> <p>2. Review of Resident #4's current FL2 dated 02/24/22 revealed: -Diagnoses included left femur fracture status post repair, Parkinson's disease, Alzheimer's disease, aphasia (inability to speak), hypertension (increased blood pressure), and sleep apnea. -The resident was ambulatory, intermittently disoriented and required the use of a walker or wheelchair for ambulation.</p> <p>Review of Resident #4's incident/accident (I/A) report dated 09/28/22 revealed: -The resident was found on the floor in his room by facility staff after his family member called for help. -The resident's family member stated he was trying to get up and go to the bathroom and fell out of bed. -The resident hit his head and complained of left hip and shoulder pain. -The resident was sent to the emergency department via emergency medical services (EMS) for further evaluation. -There was no documentation the local DSS was notified.</p> <p>Review of Resident #4's record revealed there was no documentation that the local DSS had been notified of the resident's fall on 09/28/22 in which he sustained an unwitnessed fall that required medical attention more than basic first aid.</p> <p>Interview with the Adult Home Specialist (AHS) on 10/13/22 at 12:00pm revealed she had not been notified of a fall requiring medical attention greater than first aid for Resident #4 on 09/28/22.</p>	D 0452		
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D 0452	Continued From Page 43  Refer to interview with the Care Services Manager (CSM) on 10/13/22 at 5:15pm.  Refer to interview with the Executive Director (ED) on 10/13/22 at 5:36pm.  3. Review of Resident #5's current FL-2 dated 8/10/22 revealed: -Diagnoses included dementia, urinary tract infection (UTI), anemia (decreased iron in the blood), congestive heart failure (CHF), chronic kidney disease (CKD), aphasia (inability to speak), and hypothyroidism (decreased thyroid function). -The resident was admitted to the special care unit on 07/29/22. -The resident was semi-ambulatory using a walker and wheelchair. -The resident was constantly disoriented and incontinent of bladder  Review of Resident #5's incident/accident (I/A) report dated 07/12/22 revealed: -The resident was found on the floor of the private dining room after suffering an unwitnessed fall lying on her back yelling for help. -The resident had a skin tear to her right forearm and was transferred to the hospital emergency department via emergency medical services (EMS) for further evaluation. -There was no documentation that the local DSS was notified.	D 0452		
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D 0452	<p>Continued From Page 44</p> <p>Review of Resident #5's I/A report dated 07/13/22 revealed:          -The resident was found lying on her arm on the floor near her window in her resident room after experiencing an unwitnessed fall.          -The resident complained of pain in her arm and in her head appearing very weak.          -The resident was transferred to the hospital emergency department via EMS for further evaluation.          -There was no documentation that the local DSS was notified.</p> <p>Review of Resident #5's record revealed there was no documentation that the local DSS had been notified of the resident falling and requiring attention to injuries greater than basic first aid on 07/12/22 and 07/13/22.</p> <p>Interview with the Adult Home Specialist (AHS) at the local DSS on 10/13/22 at 12:00pm revealed:          -She had been notified of a fall requiring medical attention greater than basic first aid for Resident #5 on 07/12/22 or 07/13/22.          -If she had been notified of two falls back-to-back for Resident #5, she would have likely followed up with the facility to ensure that the resident was okay and the facility had provided appropriate care to meet the needs of the resident.</p> <p>Refer to interview with the Care Services Manager (CSM) on 10/13/22 at 5:15pm.</p>	D 0452		
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D 0452	Continued From Page 45  Refer to interview with the Executive Director (ED) on 10/13/22 at 5:36pm.  Interview with the Care Services Manager (CSM) on 10/13/22 at 5:15pm revealed: -I/A reports were filled out by medication aides and then given directly to the Executive Director (ED) once completed. -MAs would notify her of a resident's I/A report via text or call for resident follow-up. -The Executive Director (ED) was responsible to report the I/A to DSS for each resident that required emergency medical treatment and evaluation beyond first aid.  Interview with the ED on 10/13/22 at 5:36pm revealed: -He was not aware that resident's I/A reports had not been reported to the local DSS as required when the resident required emergency medical treatment and evaluation beyond first aid. -He was unable to provide any documentation that the local DSS had been notified of the I/A requiring medical treatment and attention beyond first aid and did not recall sending any notification of the I/A reports that the local DSS was missing for Residents #1, #4, and #5. -He was aware that it was a requirement to notify the local DSS of I/A that required treatment beyond first aid and assumed it had been overlooked. -It was his or the CSM's responsibility to ensure the local DSS had been notified of resident's I/A that required emergency medical treatment and evaluation beyond first aid and was unsure why it had not been done.	D 0452		
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D 0464	Continued From Page 46  10 NCAC 13F .1306 Admission to the Special Care Unit  In addition to meeting all requirement specified in the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit:  1. A physician shall specify a diagnosis on the resident's FL-2 that meets the conditions of the specific group of residents to be served.  2. There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit.  3. Family members seeking admission of resident to a special care unit shall be provided disclosure information required in G.S. 131D-8. This disclosure shall be documented in the resident's record.  Based on record reviews and interviews, the facility failed to ensure 1 of 2 sampled residents (#5) had a special care unit (SCU) pre-screening assessment in place upon admission.  The findings are:  Review of Resident #5's current FL-2 dated 08/10/22 revealed: -Diagnoses included dementia, urinary tract infection (UTI), anemia, congestive heart failure (CHF), chronic kidney disease (CKD), aphasia, and hypothyroidism.	D 0464		
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D 0464	Continued From Page 47  -The resident was admitted to the special care unit on 07/29/22. -The resident was semi-ambulatory using a walker and wheelchair. -The resident was constantly disoriented and incontinent of bladder.  Review of Resident #5's facility record revealed there was no special care unit pre-screening assessment available.  Interview with the Care Services Manager (CSM) on 10/12/22 at 4:40pm revealed: -There were no pre-screening assessments available for any residents in the SCU. -She was not sure what a pre-screening assessment for SCU residents was and did not realize it was a required process or document that had to be completed upon admission to the SCU.  Interview with the Executive Director (ED) on 11/01/22 at 5:36pm revealed: -He was not sure what a pre-screening assessment was and was not aware it was a required documentation for residents admitted to the SCU. -There were no pre-screening assessments on file for any residents in the SCU because he was not aware they needed to be completed.	D 0464		
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